



TOWN OF MOREHEAD CITY "MORE HEALTH CONSCIOUS" WELLNESS PROGRAM ACTIVITY FORM

"THE PURPOSE OF THE MOREHEAD CITY WELLNESS PROGRAM "MORE HEALTH CONSCIOUS" IS TO PROMOTE HEALTHY LIFESTYLES AND CREATE A WORKPLACE COMMITTED TO WELLNESS"

September 12, 2013 – TBD

Complete **ANY** 15 activities for a \$10 gift card!! Check off and date each activity as you complete. Only one activity per day. One activity form per 15 activities completed. Maximum of 10 activity forms turned in. Turn into the Human Resources Office once completed.

<input checked="" type="checkbox"/>	PHYSICAL ACTIVITY <i>(Minimum 20-30 Minutes Per Activity)</i>	DATE(S) COMPLETED
	Walking	
	Jogging/Running	
	Cycling	
	Roller Blading/Skating	
	Walking Dog	
	Swimming	
	Basketball	
	Baseball/Softball	
	Football	
	Tennis/Badminton	
	Racquetball	
	Golf	
	Pickleball	
	Volleyball	
	Canoeing/Kayaking	
	Fishing	
	Hiking/Backpacking	
	Yoga	
	Dancing	
	Aerobic/Zumba/Dance Classes	
	Pilates	
	Calisthenics	
	Jumping Rope	
	Weight Training	
	Circuit Training (Crossfit/other)	
	Cross Trainer/Cardio Machines	
	Gardening/Landscaping	
	Lawn Mowing	
	Washing the Car	
	Party Games (Wii/Cornhole/other)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	

<input checked="" type="checkbox"/>	HEALTHY EATING	DATE(S) COMPLETED
	Fruits (2 servings per day)	
	Vegetables (2 servings per day)	
	Water (8 - 8 oz glasses per day)	

<input checked="" type="checkbox"/>	WELLNESS EVENTS	DATE(S) COMPLETED
	Lunch 'N Learn	
	Citywide Activity Event	
	Departmental Activity Event	
	Other (Please Note)	
	Other (Please Note)	

<input checked="" type="checkbox"/>	WEIGHT LOSS/OTHER PROGRAMS	DATE STARTED AND COMPLETED
	Weight Watchers	
	Diabetes Program	
	Nutrisystem Program	
	Gluten-Free Diet Program	
	Smoking Cessation Program	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	

<input checked="" type="checkbox"/>	PREVENTATIVE CARE	DATE(S) COMPLETED
	Annual Physical Exam	
	Dental Exam	
	Vision Exam	
	Gynecological Exam	
	Mammogram	
	Dermatologist Exam	
	Chiropractor Visit	
	Colorectal Screening	
	Gender or Age Specific Test/Exam	
	(Please specify)	
	MHC Flu Shot Clinic	
	Immunizations (Preventative)	
	(Please specify)	
	Nutritional Counseling	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	
	Other (Please note)	

NAME (Printed) _____ DATE _____

NAME (Signed) _____

Since this is an honor system program, by my signature, I acknowledge that I am submitting an accurate representation of the activities that I have started and/or completed. Any false misrepresentation may result in disciplinary action.